



Lower Bucks Family YMCA Bristol Township School District  
21st Century Community Learning Centers

September 2015

Dear Parents and Guardians,

The Lower Bucks Family YMCA is pleased to announce that we have been awarded funding through the Department of Education to provide afterschool learning centers at Armstrong and Franklin D. Roosevelt for the 2015-2016 school year.

The 21<sup>st</sup> Century is a fun and engaging afterschool program that provides a safe place for students to take part in extended learning opportunities. Participants receive a nutritious snack/meal through Nutritional Development Services. Various activities taught by talented staff take place in program hours including, tutoring or homework help, fitness, drama, art, service projects and STEM (Science, Technology, Education, Mathematics) education. Some 21<sup>st</sup> Century activities require strict attendance while other activity attendance is more lenient.

21<sup>st</sup> Century programs will run Monday through Thursday from 2:30pm-5:30pm, beginning on Monday, October 5, 2015. Students may take the late bus home at 5:00pm, or arrange to be picked up by a parent/guardian.

If you are interested in signing your child up for our afterschool program, please complete the interest form (attached) and give to the 21CCLC representative/coordinator. Complete the 21CCLC registration form and have your child return the packet to the main office or Site Coordinator.

**Armstrong Site Coordinator:** Tracy Wurtenberg

Email: [baseballccll@comcast.net](mailto:baseballccll@comcast.net)

**Franklin D. Roosevelt Coordinator:** Megan Gancarz

Email: [megan.gancarz@bristoltpsd.org](mailto:megan.gancarz@bristoltpsd.org)

We look forward to working with the students of Bristol Township School District. Please feel free to contact me with any questions you may have. I can be reached at 215-949-3400 X67.

Sincerely

Kimberly Pattley, 21<sup>st</sup> CCLC Project Director

**21<sup>st</sup> Century Grant**  
**Community Learning Centers**  
**YMCA/Bristol Township School District School District**

**CLUB NAME:** \_\_\_\_\_ **CLUB ADVISOR:** \_\_\_\_\_

**CLUB LOCATION:** \_\_\_\_\_

**CLUB MEETS ON** \_\_\_\_\_ **AT** \_\_\_\_\_

(Day)

(Time)

**Armstrong Middle School Registration Form**

Date: \_\_\_\_\_

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Name \_\_\_\_\_ Hm/Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Wk Phone \_\_\_\_\_

E-Mail: \_\_\_\_\_

Father's Name \_\_\_\_\_ Hm/Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Wk Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

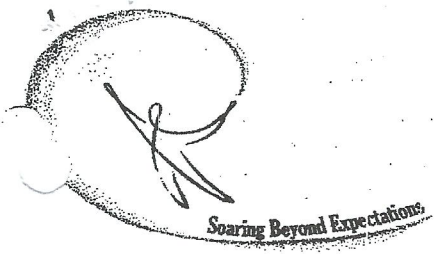
The 21st Century Grant Community Learning Centers do not have access to your child/children's school records. Please share with us anything we need to know about your child/children. For example: allergies, illnesses, etc. \_\_\_\_\_

I am aware that the 21st Century Grant Staff are able to access and review my child's School records.

I affirm that the above information is correct. I understand that the Activity/Club dismissal times may vary. Please see the Activity/Club Advisor for the actual dismissal time. I understand that I must promptly pick up my child at the time the Activity/Club ends.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_





**Lower Bucks Family YMCA  
Bristol Township School District  
21st Century Grant  
Community Learning Centers**



**Kimberly Pattley  
Project Director  
215-378-8987**

**Parent/Guardian Authorization to Release Student Records**

The 21<sup>st</sup> Century Community Learning Center is a collaborative venture between the Lower Bucks Family YMCA and the Bristol Township School District, offering quality enrichment through tutoring, reading, math, science, social & cultural activities and physical well being.

21<sup>st</sup> Century Community Learning Centers are funded by the Federal Government, under the oversight of Pennsylvania Department of Education. 21<sup>st</sup> Century Centers are required to provide specific student data for all participants. This data includes report card grades, test scores, discipline and attendance records. This information is reported to both the state and federal governments to provide information regarding the success of federally funded after school programs. Additionally, this information and is used to determine the amount of money that will be allotted nationally for future funding of after school programs. **PLEASE NOTE that student data is always reported using a randomly assigned student ID number. At no time is a student's name or address used in reporting statistics.** No one other than your child's program teacher and the 21<sup>st</sup> Century Project Director will have access to your child's information. All 21<sup>st</sup> Century employees are contractually bound to protect and honor student confidentiality.

If you have any questions or concerns regarding this policy, please do not hesitate to contact Kimberly Pattley, 21<sup>st</sup> Century Community Learning Centers Project Director at 215-949-3400 ext. 67.

By my signature, I am authorizing the release of my child's records to assist the 21<sup>st</sup> Century Grant staff in determining the success of my child/children's 21<sup>st</sup> CCLC programs.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

Student Name \_\_\_\_\_  
(Please print)

Current Grade \_\_\_\_\_

School Student Attends \_\_\_\_\_

Date \_\_\_\_\_

217

**21<sup>st</sup> Century Grant  
Community Learning Centers  
YMCA/Bristol Township School District**

***MEDIA/PICTURE RELEASE***

21<sup>st</sup> Century Community Learning Centers may on occasion take pictures or video of learning centers projects, to be used for promotion of programs, and for the historical documentation of the project.

Please indicate below if you do not wish to allow your child to be photographed.

\_\_\_\_\_ Yes, my child may be included in pictures or video  
for the purpose of promoting 21<sup>st</sup> Century Clubs  
and activities.

\_\_\_\_\_ No, I do not allow pictures or video to be  
taken of my child.

Signature of parent/guardian \_\_\_\_\_

Please print your name \_\_\_\_\_

# EMERGENCY CONTACT/PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

CHILD' NAME

BIRTHDATE

M F

ADDRESS

HOME PHONE NUMBER

MOTHER'S NAME/LEGAL GUARDIAN

MOTHER'S CELL NUMBER

ADDRESS

HOME PHONE NUMBER

BUSINESS NAME

BUSINESS PHONE NUMBER

BUSINESS ADDRESS

PHONE EXT.

FATHER'S NAME/LEGAL GUARDIAN

FATHER'S CELL NUMBER

ADDRESS

HOME PHONE NUMBER

BUSINESS NAME

BUSINESS PHONE NUMBER

BUSINESS ADDRESS

PHONE EXT.

EMERGENCY CONTACT PERSON(S)

NAME

PHONE NUMBER WHEN CHILD IS IN CARE

PERSON(S) TO WHOM CHILD MAY BE RELEASED NAME ADDRESS

PHONE NUMBER WHEN CHILD IS IN CARE

NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER

ADDRESS

PHONE NUMBER

SPECIAL DISABILITIES (IF ANY)

DOES HE/SHE HAVE AN IEP OR AN ISFP? (Please provide a copy)

ALLERGIES(INCLUDING MEDICATION REACTION)

MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION

MEDICATION SPECIAL CONDITIONS

ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD

HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS

POLICY NUMBER

THE UNDERSIGNED PARENT SIGNATURE GIVES PARENTAL CONSENT FOR THE FOLLOWING:  
OBTAINING EMERGENCY MEDICAL CARE --ADMINISTRATION OF MINOR FIRST-AID

SIGNATURE OF PARENT OR GUARDIAN

DATE

PERIODIC REVIEW

SIGNATURE OF PARENT OR GUARDIAN

DATE